

Excerpted from the Proceedings of NAHO's **First Annual Conference and Health Information Fair "Health – Get With It!"** held in Ottawa, January 21-23, 2003 (pp. 36-37):

### **Session 13: Panel Presentation on Aboriginal Midwifery**

Topic A: Presentation from Community Midwives

Katsi Cook discussed the strength of Aboriginal midwifery, suggesting that Aboriginal midwives bring different ways of knowing about birth, and that they work with both traditional healers and Western doctors. She explained that midwives carried seeds and bits of sands from the roots of the sacred tree, and that everything in nature was medicine, including time itself. She shared that January 22 was Midwives Day on the Mayan calendar – a day of success and of community.

Ruby Miller, Supervisor, Six Nations Maternal and Child Care Centre, referencing an overhead presentation titled, "Tsi:Non:we ionnakeratstha (the place they will be born) Ona:grahsta' (a Birthing Place), Six Nations Maternal Child Care" ..., discussed the balance of traditional and Western medical services and programs that the Centre provides. She noted that the philosophy of the services is to look at the family as a whole throughout the process of pregnancy, and that the programs are community-driven. Ms. Miller provided information on the Centre's development, and on its midwifery training services.

Dawn Martin presented information on the Centre's case load since 1996 noting that a total of 252 clients have been served to date. She discussed programs offered by the Centre, including prenatal and exercise classes, mom and tots, female and male traditional self-care, traditional medicines and foods, family/maternal resource library, FAS/FAE child nutrition, midwifery training, traditional parenting, and "women in all her seasons" programs.

Sharyne Fraser, College of Midwives of British Columbia, discussed research revealing that midwives had been practising in Aboriginal communities for many years. She noted that in British Columbia, a recent 500+ mailed survey to Aboriginal communities indicated that families expressed a significant amount of support for Aboriginal midwifery and want a blend of Aboriginal and Western health practices. Ms. Fraser noted that once the survey responses had been compiled, the College would listen, respect, and move forward as directed by the needs of the people.

Sheila Sanderson, Interlake Region, discussed her understanding of the history of maternal care in northern Manitoba. She noted that the process of maternal evacuation procedures meant that mothers were taken from their homes and families for up to two months, while waiting for the births of their children at hospitals. She stressed that there were physical, financial and psychological consequences as a result of these procedures.

Ms. Sanderson commented that people had recognized the need for change to move back to birthing in communities, and suggested, “We need to know where we come from by entering and exiting the circle of life in our communities.”

Participants learned that maternal care clients had begun to organize and express their wish for midwifery services, and that midwifery legislation had been recommended. Ms. Sanderson discussed the establishment of the Manitoba Working Group on Midwifery in 1991; the passing of the Midwifery Consequential Act in 1997; the announcement of college funding in 1999; and the proclamation of Manitoba’s Midwifery Act in 2000.

Kerry Bebee, Aboriginal Registered Midwife, described her practice, Clearwater Midwives, with a partner in northern Manitoba. She noted that Clearwater Midwives provides prenatal care to women and their families in their communities, and offers clients a choice of birthplace at their homes, near hospitals, or in hospitals, with home visits for up to two months. She noted that the care provided by Clearwater Midwives is special because of the amount of time that they spend with their clients, and their similar cultural backgrounds.

Nowyah Williams advised of the establishment of Rankin Inlet Birthing Centre in response to public outcry. She noted that it was to have initially been a two-year project. It was extended one year, and then became a permanent program. Participants learned that the Centre’s policies were written in consultation with the community and that its guidelines were set up to care for low-risk pregnancies. Ms. Williams discussed the opportunities offered by the Centre to re-involve Inuit fathers in the birthing process, as well as challenges relating to out-of-community birthing procedures. She also discussed challenges facing the Centre, including the need to train midwives to provide continuity in care and for legislation to recognize registered midwives, and safety issues.

Regilee Ootova shared stories of her personal experiences with midwives, including that she and her last child were both delivered by midwives. The need to remember that women in labour need care and respect was noted, and Ms. Ootova expressed the hope of seeing the rebirth of traditional midwifery services in communities.

Elder Qappik Attagutsiak discussed mothers’ responsibilities to their children in relation to being aware of puberty, encouraging youth to abstain from sexual activity, and encouraging pregnancy at prime maturity age. The Elder also talked about problems associated with children having children, and shared encouragements for pregnant ladies. As well, Elder Attagutsiak discussed signs of labour and different positions for labour, and expressed concern about the provincial and federal governments’ lack of recognition of midwifery and birthing places.

Materials distributed for participants’ further reference included papers titled, “Pond Inlet Prenatal Program” and “Pond Inlet Oral History Project” ..., a paper titled, “Inuit Midwifery – Regilee Ootova Apiqsuqtaujuq Inuit Irnisiksijjusinginnik Miksaanut” ..., and a hand-written paper titled, “Child Birth” ....

## Topic B: The Old is New Again: Diversity in Birthing Practice

Elizabeth Wilson, Canadian Institutes of Health Research (CIHR) Fellowship at the University of Calgary, referencing an overhead presentation titled, “The Old is New Again: Diversity in Birthing Practices” . . . , discussed a study on infant mortality/morbidity and Sudden Infant Death Syndrome (SIDS). She introduced information available on Western birthing practices, and recognized the rising demand from clients for control over the birthing process.

Dr. Wilson commented that 20 senior Aboriginal women had been interviewed to compile an historical documentation of First Nations birthing practices. She shared information discovered on Aboriginal infant care practices relating to swaddling, breastfeeding and babies sleeping with their mothers. She noted that Aboriginal women are maintaining practices that are different from what their doctors are advising, and that they have alternate learning resources. Further information collected related to historical birthing locations, and items assembled for birthing and their purposes (birthing stick, pillow, Native medicines, swing or hammock, and bindings). As well, she shared information on the care of the new mother and child immediately following birth.

Dr. Wilson concluded that an analysis of the traditional birthing process indicated it was a family process, in the family home, starting at conception and lasting through to delivery.